

## IMPORTANT NOTICE

### Application Checklist

*Your Application will not be considered unless you have done all of the following prior to returning your Public Service Commission application:*

1. The original Florida Public Service Commission application must be enclosed signed and dated.
2. In addition to the original Florida Public Service Commission application, eleven complete copies (for a total of twelve sets) of the application must be enclosed including any attachments you wish considered. No additional copies will be made by this office.
3. All twelve application sets (one original and eleven copies) must be received, in our office, by **5:00 p.m., Wednesday, August 11, 2004.**

If you are filling out the application using the PDF format, please remember that you must mail eleven copies along with your original application with original signature. Your application must be received by 5:00 p.m., Wednesday, August 11, 2004. Electronically filed applications will not be accepted.

If you would like to save your application, you must save the file as a "Save As" and name it.

# FLORIDA PUBLIC SERVICE COMMISSION NOMINATING COUNCIL

111 West Madison Street, Room 874D, Tallahassee, FL 32399-1300  
Ph. (850) 922-5035 Suncom 292-5035 Fax (850) 922-9866

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**CHAIR**  
*Greg Krasovsky*  
*Tallahassee*

**VICE CHAIR**  
*Julie McClure*  
*Bradenton*

**LEGISLATIVE  
APPOINTMENTS**  
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*Walter Leon Revell*  
*Coral Gables*

**COUNCIL  
STAFF**  
*Constance Ennis*

July 10, 2004

Dear Applicant:

Thank you for your interest in the Florida Public Service Commission (PSC). Enclosed is the application packet and information necessary to complete your application. All applications must be filed in the Florida Public Service Commission Nominating Council's Office by 5:00 p.m., August 11, 2004.

Your application will be reviewed by the Council members and the most qualified applicants will be selected for personal interviews before the Council at a later date. At the conclusion of the interviews at least three applicants will be selected for nomination to the Governor. The Governor will select one for appointment to the PSC. Senate confirmation of the Governor's appointment is required.

With best wishes

  
Greg Krasovsky  
Chairman

Enclosure(s)  
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# FLORIDA PUBLIC SERVICE COMMISSION

## APPLICANT INFORMATION

Florida Public Service Commission Nominating Council  
c/o Office of Legislative Services  
874D Claude Pepper Building ■ 111 West Madison Street  
Tallahassee, Florida 32399-1400



### IMPORTANT INFORMATION AND INSTRUCTIONS

- The position of Florida Public Service Commissioner is full-time with headquarters in Tallahassee, Florida.
- In order to be considered for nomination for any vacancy, applicants must submit an official Florida Public Service Commission application.
- **The original signed application form with attachments plus eleven complete copies (including resumes, letters of endorsement and other addenda) for a total of twelve must be submitted to the Council's Office at the address reflected above.**
  - The application must be completed in its entirety, signed and dated. Incomplete applications, including those without the required number of copies, will be returned and will not be processed.
  - Application **MUST** be received in the Council's Office no later than **5:00 p.m. on Wednesday, August 11, 2004. Late applications will not be considered.**
- In addition to the Florida Public Service Commission application form, the following informational materials have been enclosed for your convenience:
  - Selected Sections of Chapter 350, Florida Statutes
  - Rules of Procedure of the Florida Public Service Commission Nominating Council
  - Position Description for a Public Service Commissioner
  - List of the members of the Florida Public Service Commission Nominating Council and list of the current members of the Florida Public Service Commission



# FLORIDA PUBLIC SERVICE COMMISSION APPLICATION



## APPLICANT INFORMATION

(TYPE OR PRINT IN INK)

NAME (Last, First, Middle)		(Prior)
MAILING ADDRESS		HOME TELEPHONE ( )
CITY, STATE, ZIP	COUNTY	BUSINESS TELEPHONE ( )

## COMPETENCE AND KNOWLEDGE

Section 350.31(4), Florida Statutes, provides that in order to be nominated to the Governor, the Council must determine that applicants are competent and knowledgeable in one or more of the following fields, which shall include, but not be limited to:

_____ Public Affairs	_____ Accounting	_____ Natural Resource
_____ Law	_____ Engineering	_____ Conservation
_____ Economics	_____ Finance	_____ Energy

Other field(s) substantially related to the duties and functions of the Commission:

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In the above list, please indicate the fields in which you assert competence and knowledge. Additionally, please provide details in the "REMARKS" section on the last page of this application of your qualifications in each of the specified disciplines which demonstrate your knowledge and competency.

## EDUCATION

CIRCLE highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12												GED	College 1 2 3 4 5					Graduate School 1 2 3 4 5				
SCHOOL	DID YOU GRADUATE?		NAME AND ADDRESS										MAJOR / MINOR	DEGREE RECEIVED	MONTH/YEAR GRADUATED	IF NO DEGREE # HRS. EARNED						
High School	Yes	No														QTR	SEM					
Community/ Vocational/ Technical/ College																						
College/ University																						
Graduate/ Professional																						
Other																						

### LICENSES•CERTIFICATIONS•SPECIAL SKILLS

Please indicate any special skills, professional or occupational licensure you currently possess.

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## EMPLOYMENT ELIGIBILITY

Are you legally entitled to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SPECIAL NOTE:** If you are not a U.S. citizen, you must attach a copy of an I-151 or similar documentation to confirm your eligibility for appointment to the Florida Public Service Commission.

Section 110.1128, Florida Statutes, requires male applicants between the ages of eighteen and twenty-six to provide proof of registration with the United States Selective Service as required by the Military Selective Service Act. If you are in this age group, please provide your date of birth and your Selective Service number.

Date of Birth: \_\_\_\_\_ Registration Number: \_\_\_\_\_

## EMPLOYMENT

Name of Present or Last Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ TO \_\_\_\_\_

Business Address:

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

*A resume detailing your employment history should be attached as an addendum to this application.*

## LEGAL HISTORY

Have you pleaded nolo contendere to, or been convicted of, a first degree misdemeanor or a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

A conviction includes a plea of guilty, guilty verdict, or finding of guilt, regardless of whether the sentence is imposed by the Court or adjudication is withheld. If "Yes", please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "yes" answer to these questions will not necessarily preclude you from nomination or appointment. Each case will be judged on its own merit, with respect to time, circumstances, and seriousness.

Have you ever been found guilty in any civil proceeding with conduct involving moral turpitude, dishonesty and/or unethical conduct? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", give particulars.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined to include action taken against your certificate or license or cited for a breach of ethics or unprofessional conduct by any court, administrative agency or professional group? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", give particulars.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

Have you ever held public office, including judicial office, or have you ever been a candidate for such office? \_\_\_\_ Yes \_\_\_\_ No  
If "Yes", give the details, including the offices involved, whether elected or appointed, and the dates of your service.

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If you are presently an officer or director of any business organization, please give details, including the name of the business, the nature of the business, the business address and your title.

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If you are appointed to the Florida Public Service Commission, do you intend to resign from your position of employment or from those positions in which you serve as an officer or director of a business organization? \_\_\_\_ Yes \_\_\_\_ No  
State your reasons for planning to resign or for planning to continue.

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Have any of your present or previous businesses or employers been directly regulated by the Florida Public Service Commission, or by any other state's public utilities commission? \_\_\_\_ Yes \_\_\_\_ No  
If "Yes", state the name of the business, the position you held, and the dates of your association with such business.

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Have you ever represented yourself or a client before the Florida Public Service Commission, or before any other state's public utilities commission? \_\_\_\_ Yes \_\_\_\_ No If "Yes", give particulars.

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If you are selected for an interview, are you willing to pay your own travel expenses? \_\_\_\_ Yes \_\_\_\_ No

## REMARKS

Use this space to provide specific details of your qualifications which demonstrate your knowledge and competency in the fields listed in Section 350.031(4), Florida Statutes. Also, please include other comments or information you regard as pertinent to your consideration of this position.

## CERTIFICATION

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer and credit reporting agencies to release to the Florida Public Service Commission Nominating Council and the Florida Department of Law Enforcement (FDLE) any information, files, records or credit reports requested by the Council or FDLE in connection with any consideration of me as a possible nominee for appointment to the Florida Public Service Commission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL DISCLOSURE

### PART A – ASSETS WORTH MORE THAN \$1,000

#### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ \_\_\_\_\_

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET

### PART B – LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

### PART C – NET WORTH

Net worth is the difference between **total** assets and **total** liabilities, not merely those listed above. Please enter the value of your net worth as of December 31, 2003, or a more current date.

My net worth as of \_\_\_\_\_, 20\_\_\_\_ was \$ \_\_\_\_\_

### PART D – INCOME

You may ***EITHER (1)*** file a complete copy of your most recent federal income tax return, including all attachments, ***OR (2)*** file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D of this application.

- ☐ I elect to file a copy of my most recent federal income tax return. (If you check this box and attach a copy of your most recent tax return, you need not complete the remainder of Part D.)



**PRIMARY SOURCES OF INCOME:****NAME OF SOURCE OF INCOME EXCEEDING \$1,000****ADDRESS OF SOURCE OF INCOME****AMOUNT****SECONDARY SOURCE OF INCOME** (Major customers, clients, etc., of businesses owned by reporting person):**NAME OF BUSINESS ENTITY****NAME OF MAJOR SOURCES  
OF BUSINESS INCOME****ADDRESS OF SOURCE****PRINCIPAL BUSINESS  
ACTIVITY OF SOURCE****PART E – INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses)**BUSINESS ENTITY #1****BUSINESS ENTITY #2****BUSINESS ENTITY #3****NAME OF BUSINESS ENTITY****ADDRESS OF BUSINESS ENTITY****PRINCIPAL BUSINESS ACTIVITY****POSITION HELD WITH ENTITY****I OWN MORE THAN 5% INTEREST IN THE BUSINESS****NATURE OF MY OWNERSHIP INTEREST****IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK** ☐